Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

	(1) Coverage	(2) Annual Premium - Volume (Illinois) *	(3) Percent Change (+or-) **
Automo	bile Liability Priva		Onlange (101)
Passen	•		
Comme			
	bile Physical Dan	mag	
	Passenger	nay	
Comme			
	Other Than Auto		
•	y and Theft		
Glass	y and then	- · · · · · · · · · · · · · · · · · · ·	
Fidelity			
Surety			· · · · · · · · · · · · · · · · · · ·
-	nd Machinery		
Fire	na machinery		· · · · · · · · · · · · · · · · · · ·
	ed Coverage	·	
Inland N			
Homeo		 	
	rcial Multi-Peril		***************************************
Crop Ha		***************************************	
	ledical Malpractice	6,073,810	-0.03%
	Life of Insurance		-0.0076
		certain territory (territories) or	certain
	s? If so,	•	
specify	: <u>N</u>	0	
D. C. C.	ecription of filing	. (If filing follows rates of an ac	hvisony
KUDI NO	zation, specify	. (If filling follows rates of all ac	rvisory
		Revised dentists increased	limit and excess factors
Organiz	anon.	Trovisco dell'iste increased	minit dila oxooso idolois.
	:ation):		
Organiz organiz			
Organiz organiz *Adjust	ed to reflect all pr		from application of a
Organiz organiz *Adjust	ed to reflect all pr	ior rate changes. premium level which will resul	t from application of ne

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

APR 18 2008

SPRINGFIELD, ILLINOIS

Name of Company LaQuita B. Goodwin - Compliance Specialist Official - Title